

AO 435 (Rev. 10/23)				Case 2:23-cv-00066-BMM Document 46 Filed 04/16/24 Page 1 of 1		COURT USE ONLY	
TRANSCRIPT ORDER						DUE DATE:	
<i>Please Read Instructions:</i>							
1. NAME Isabella Salomão Nascimento			2. PHONE NUMBER (612) 371-3281		3. DATE 4/16/2024		
4. DELIVERY ADDRESS OR EMAIL salomaonascimento@ballardspahr.com			5. CITY Minneapolis		6. STATE MN		7. ZIP CODE 55402
8. CASE NUMBER 2:23-cv-00066-BMM		9. JUDGE Hon. Brian Morris		DATES OF PROCEEDINGS			
				10. FROM 2/1/2024		11. TO 2/1/2024	
12. CASE NAME Talbot v. Ainuu				LOCATION OF PROCEEDINGS			
				13. CITY Butte		14. STATE MT	
15. ORDER FOR							
<input checked="" type="checkbox"/> APPEAL		<input type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT		<input type="checkbox"/> BANKRUPTCY	
<input type="checkbox"/> NON-APPEAL		<input checked="" type="checkbox"/> CIVIL		<input type="checkbox"/> IN FORMA PAUPERIS		<input type="checkbox"/> OTHER	
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)							
PORTIONS		DATE(S)		PORTION(S)		DATE(S)	
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify Witness)			
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)							
<input type="checkbox"/> OPENING STATEMENT (Defendant)							
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input checked="" type="checkbox"/> PRE-TRIAL PROCEEDING (Specy)		2/1/2024	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)				Complete hearing on motions to dismiss. Please email transcript to me. Tx!			
<input type="checkbox"/> OPINION OF COURT							
<input type="checkbox"/> JURY INSTRUCTIONS				<input type="checkbox"/> OTHER (Specify)			
<input type="checkbox"/> SENTENCING							
<input type="checkbox"/> BAIL HEARING							
17. ORDER							
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE		COSTS	
30-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
14-Day	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	NO. OF COPIES 0				
7-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
3-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
Next-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
2-Hour	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>					
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL		0.00	
18. SIGNATURE /s/ Isabella Salomão Nascimento				PROCESSED BY			
19. DATE 4/16/2024				PHONE NUMBER			
TRANSCRIPT TO BE PREPARED BY				COURT ADDRESS			
ORDER RECEIVED		DATE	BY				
DEPOSIT PAID				DEPOSIT PAID			
TRANSCRIPT ORDERED				TOTAL CHARGES		0.00	
TRANSCRIPT RECEIVED				LESS DEPOSIT		0.00	
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED			
PARTY RECEIVED TRANSCRIPT				TOTAL DUE		0.00	

DISTRIBUTION: COURT COPY TRANSCRIPTION COPY ORDER RECEIPT ORDER COPY